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PTO/SB06 (08-03)

Approved for use through 7/31/2006, ONB 6551-0032

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it diffleys a visit plot on the (number).

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									19956		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FÖR		T	NUMBER FILED		NUMBER EXTRA				ì	SMALL	ENITY
BASICFEE		(60/88)	MUMBER FILED NO			1	RATE	FEE		RATE	FEE
TOTAL CLAU		1 - 9	96					3	QR		5
D7 CFR.1.16			hhus 2		1	X \$=	·	OR	X S=		
D7 CFR 1.16		5	O minus 3 s -		·		x \$=		OR	x s	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+5=	
" If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II 12 2 06 (Column 1) (Column 2) (Column 3) SMALL ENTITY OR OTHER THAN											
1000	100	CLAMS.	1	HIGHEST	(Column 3)	1.	SMALL	NITTY		SMALL	ENTITY
AMENDMENT A		REMAINING AFTER MEND KENT		NUMBER PREVIOUSLY PAID FOR	PRÉSENT EXTRA		RATE	ADDI- TIONAL FEE		RÀTE .	ADOI- TIONAL FEE
0 0 0 0 10	1.16(4)	\/_	Mins		•		xx25		OR	× 50	
T Indepen	ident 1.16(b))	4	Mens	700	-		x: JOC		OR	× 200	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(4))							+:180		OR	+,360	
							TOTAL ADOL FEE		OR '	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
E To grore	· 1	CLAINS REMAINING AFTER MENOMENT	:	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
E profit	lai *. 1.16(c)		Wins		•		,,25		OR	50	
W profit	clent 1.15(cd)	_	Minus	•••	-	ı	. ion		OR	** 100	
FRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 CFR 1, 16(4))							18Q		OR	+.300	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)									•	•	
SNTC		CLAIMS LEMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
V CO CORT	al •		Mins	1000	-	t	1.25	-FEE		5	PEE
AM Lindeben backs	dent . 1.16(t/g)		Mirus		•	t	Ino		OR OR	x in	
FIRST PRESENTATION OF MATTPLE DEPONDENT CLAM (37 OFR 1.16(4))							80		OR	.360	7
 If the entry in column 1 is less than the entry is column 2, write, "V", in column 3. 							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
" IF Che ei	ntry in cotum	va 1 is less tha	n the anin	in column 2, we	ocnulatini T. e	L.,	-			_	

"If the entry in column 1 is less than the entry in column 2, write, "U, in column 3."
"If the "Highest Number Previously Paid For" in THIS SPACE is less than 30, enter "3".

"If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to tate 12 minutes to complete, including pathering, propering, and submitting the complete deplication form to the USFTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be part to the Chief Information Officer, U.S. Patient and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.